

STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT

**FINANCIAL INSTITUTION CHANGE
FORM**

County Name

County Code #

County Phone No.

CSC CHECKING ACCOUNT

New Bank Routing Number

Effective Date (the day of the first deposit at the new bank)

New Bank Account Number

Bank EFT Contact and Phone No.

New Bank Name

Bank Address

New Starting Check Number

FMA and Date Notified

AUTHORIZATION SIGNATURE

Date

Signature Of Clerk/Head Bookkeeper

Send to AOC two weeks before proposed change:

Technology Services Division/FMS Team
P.O. Box 2448
Raleigh, NC 27602
Courier Box: 56-10-50

Fax: 919-890-1953